



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

District Civil Hospital
Civil Line, Akola Naka
Washim, Maharashtra, 444505



Certificate/UDID No. MH4930319980018927

Date of Issue: 28/02/2026

This is to certify that I/We have carefully examined **Akash Mahadev Rajguru** Son of **Mahadeo Dnyandeo Rajguru**, Date of Birth **07/02/1998**, Gender **Male**, Registration No. **2749/90000/0260/20012905**, Resident of **Iudp Colony Mahakali Mandir, Washim, Maharashtra - 444505** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Low Vision.**

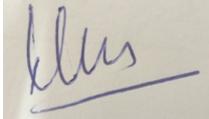
(B) Name of affected body part: **Both Eye.**

(C) The diagnosis in his case is **RIGHT EYE LEUCOMATOUS CORNEAL OPACITY LEFT EYE GLAUCOMA.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024**.

A. M. Rajguru

Signature / Thumb impression of the Person with Disability:



Signature of notified Medical Authority Members:

District Civil Hospital
Civil Line, Akola Naka
Washim, Maharashtra, 444505



This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.